



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR COMMUNITY
HEALTH IMPROVEMENT

A Model of Hospital and Community Collaboration

*Office of National Drug Control Policy Webinar
January 21, 2016*

Leslie Aldrich, MPH, Associate Director
Center for Community Health Improvement

Sarah Coughlin, LICSW, LADC-I Director
Charlestown Substance Abuse Coalition

What we will cover today

1. Introduction to Mass General Hospital and the Center for Community Health Improvement (CCHI)
2. Coalition work
3. Community health needs assessments
4. MGH strategic plan 2014
5. Elements of new substance use disorder initiative

Massachusetts General Hospital



- Founded in 1811
- Harvard teaching hospital
- 1,000 inpatient beds
- 1.7 million outpatient visits
- 26,000 employees
- Largest NIH research center in the US
- 3 community health centers



We Serve the Most Vulnerable Communities



	Revere	Chelsea	Charlestown	Boston
Population	53,179	36,828	16,439	636,479
	24% Latino	62% Latino	76% White	18% Latino
Median Income	\$49,933	\$43,919	\$76,898	\$53,136
Below poverty	16%	25%	17% 37% Children	21%
Less than a High School Education	20%	37%	13%	15%
Bachelors Degree or higher	17%	14%	➤36% Associates or Bachelor's degree ➤25% Graduate degree	43%
Language other than English	46%	69%	19%	36%

Source U.S. Census Bureau: State and County QuickFacts. 27-Mar-2014



CCHI History

1995: Community Benefit Program Founded

1996: First Community Coalition Created

2007:



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR COMMUNITY
HEALTH IMPROVEMENT

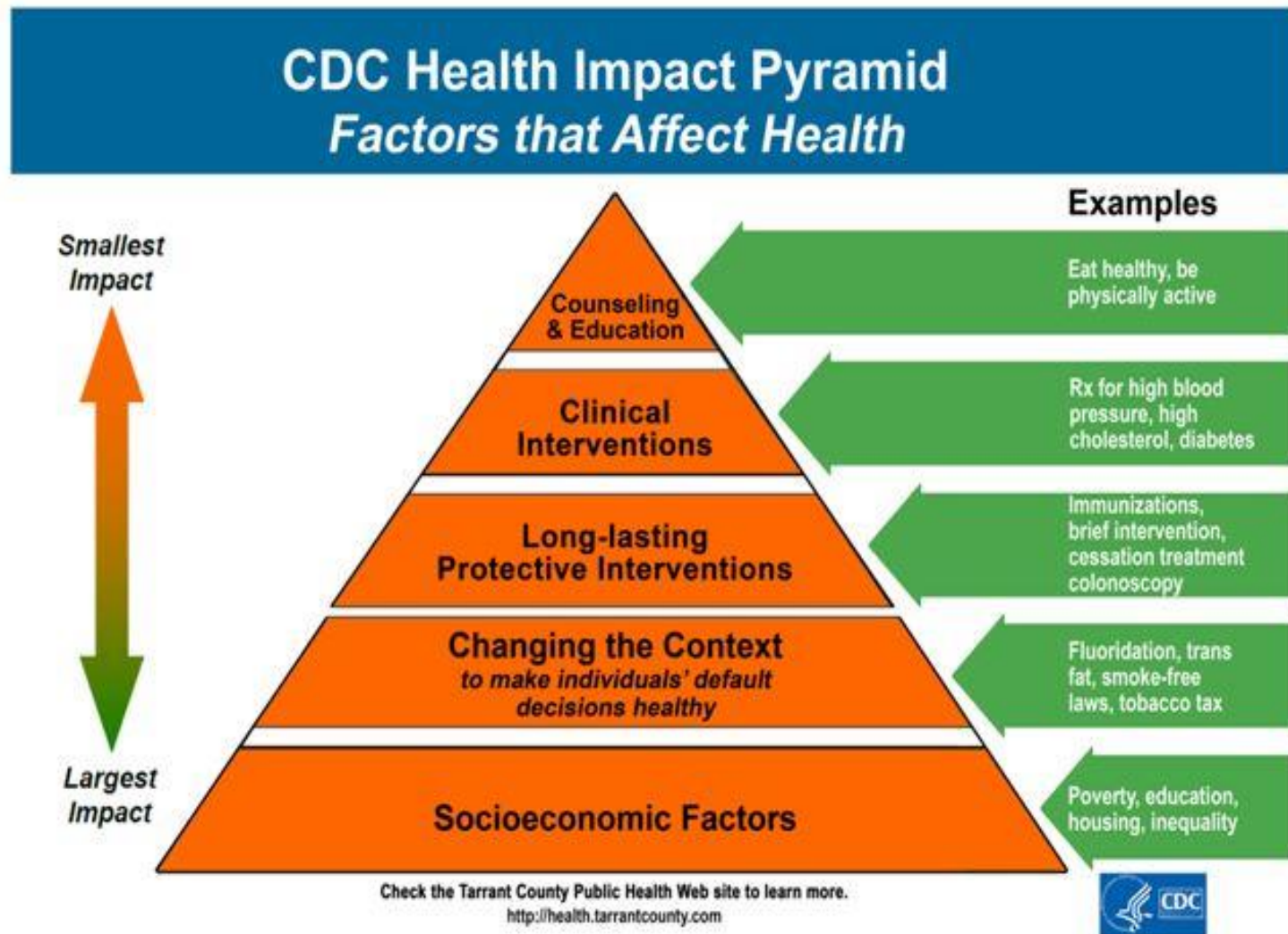
MGH Incorporates Community Health into Mission

Guided by the needs of our patients and their families, we deliver the very best health care in a safe, compassionate environment, we advance that care through innovative research and education, *and we improve the health and well-being of the diverse communities we serve.*

Today: 31 Initiatives Built



CCHI's Approach to Community Health Improvement

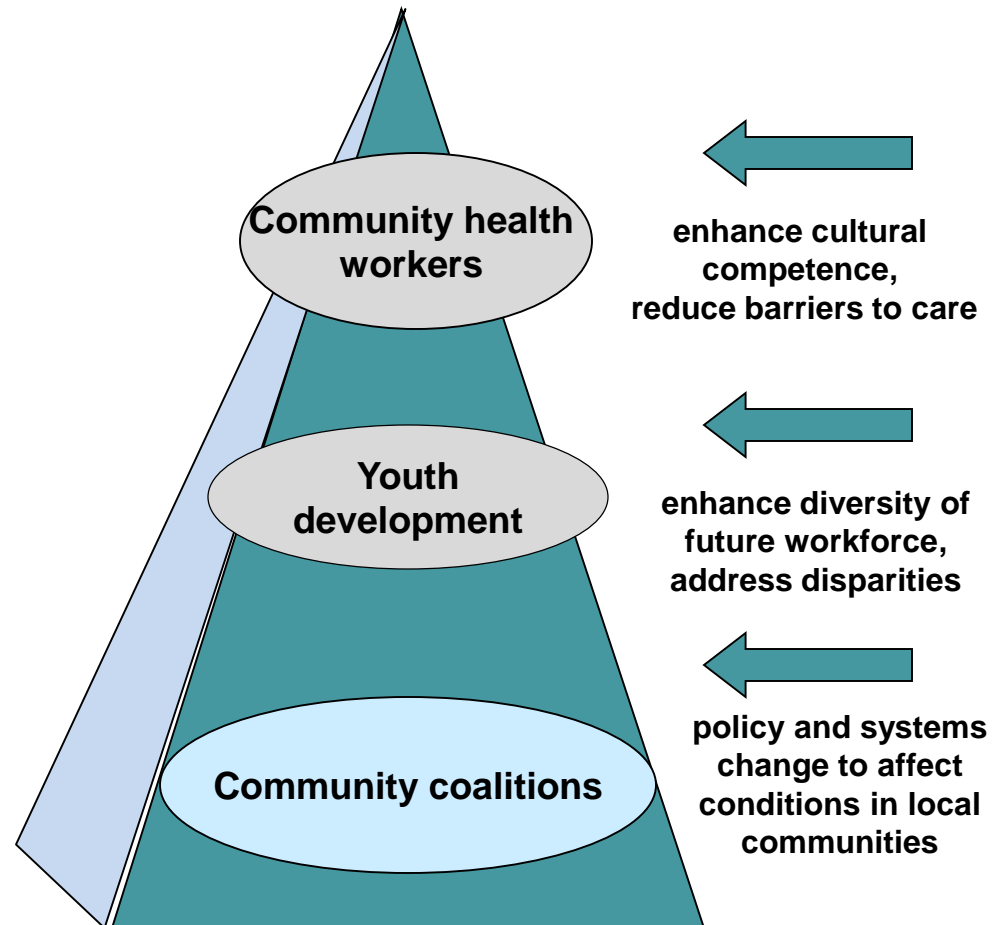


CCHI's Community Strategies

- Enhance access to care for vulnerable patients through community health workers
- Promote educational attainment for 650 youth through STEM initiatives
- Function as “backbone organization to 4 multi-sector coalitions working on policy, system and environmental change



CCHI Version of Health Impact Pyramid



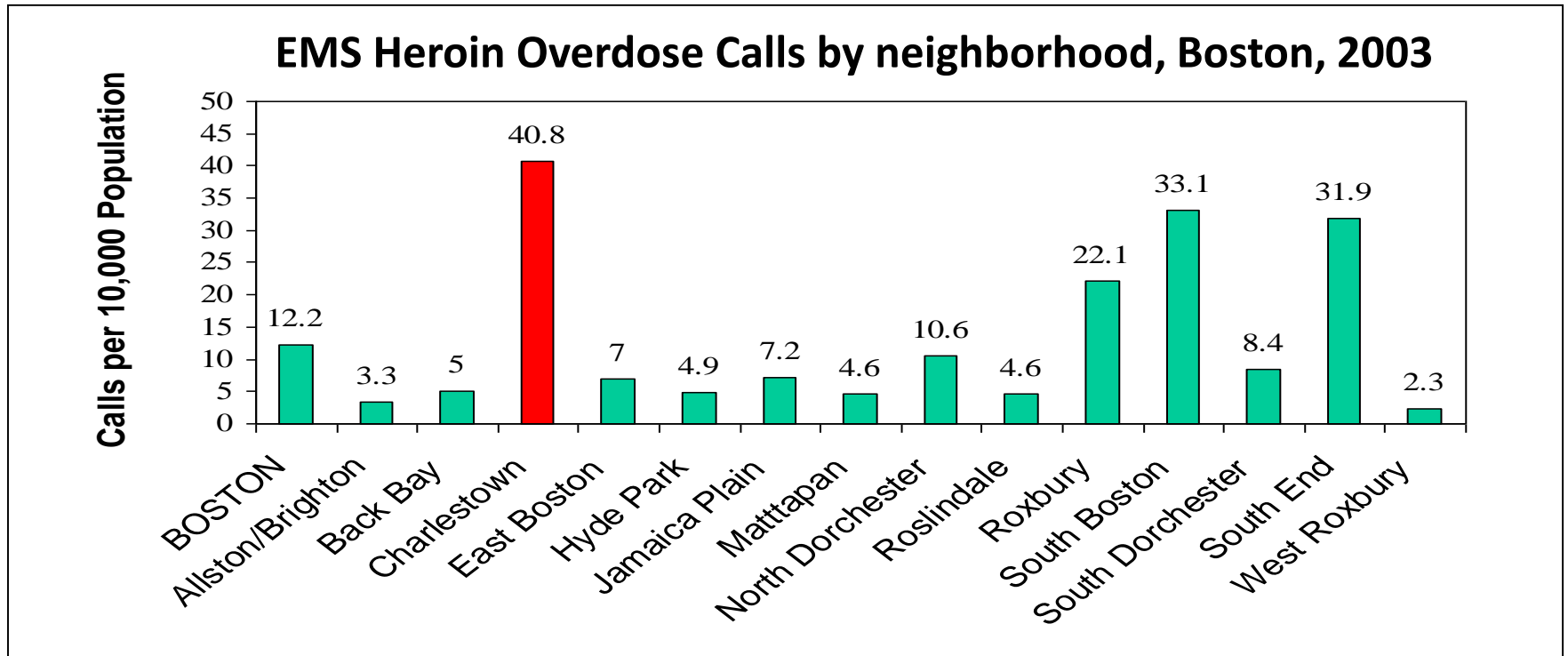
CSAC



a ray of hope

*charlestown
substance abuse
coalition*

How CSAC Formed



- In 2003 rates of substance use related hospitalizations and drug-related deaths among Charlestown residents were 50% higher than Boston overall.
- In 2004 community residents and stakeholders asked MGH for help to address and reduce substance use and its consequences among youth, adults, and families. MGH convened the community and hired a Coalition Director to sustain the work of the community.

Coalition Structure

Staff:

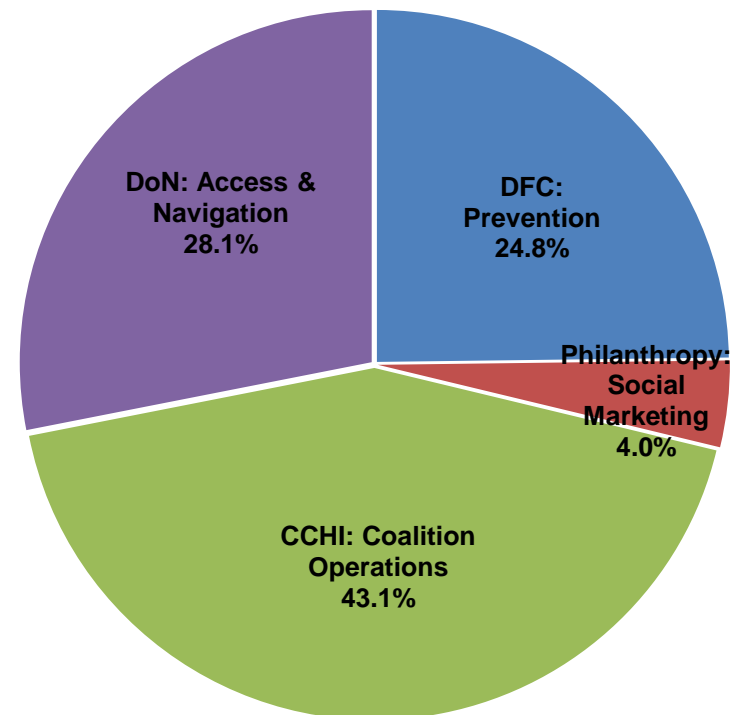
- 1 MGH staff – Coalition Director
- 1 DFC funded staff
- 2 DON funded staff (from CHNA)

Community Involvement &

Organization:

- 75 active participants representing 12 sectors of the community focused on 5 bodies of work:
 1. Policy, Environmental and System's Changes
 2. Navigation to treatment/overdose prevention
 3. Primary Prevention
 4. Access to Care for youth and their families / Family Support Circle
 5. Trauma Informed Care

CSAC Funding Sources & Utilization



Overview of Coalition Work

Primary Prevention:

- Youth groups
- Sticker Shock Campaign
- Evidence-based curriculum
- Parent coffees / Youth lunches
- Social marketing
- Positive alternative activities
- Substance use screening

Secondary Prevention:

- Decrease access: Prescription Take Back Days
- Overdose prevention: Narcan distribution
- Navigation/access to treatment: Recovery coaches / Drug Courts
- Decrease stigma: Community events / vigils
- Policy/system changes: School drug policy and legislative advocacy



Benefits of Coalition / Hospital Partnership

Coalition/Community

- Data Collection & Evaluation
- Media/Communication Support
 - Grant Writing
 - Financial Assistance
- Professional Development & Networking
 - Advocacy
- Physician Involvement/Expertise
 - Healthy Communities

Hospital

- Community Information
 - Community Partners
- Community Health Needs Assessment
- Community Based Participatory Research
- Prevention / Continuum of Care
 - Advocacy
 - Healthy Communities

When forging a relationship both parties should understand the benefits of working together

Success of Coalition / Hospital Partnership

- *Turn it Around* youth driven social marketing campaign (CCHI communication support) – *Over 40 youth involved.*
www.facebook.com/turnitaroundcharlestown
- Take Back Days (incorporating MGH Pharmacists) - *Over 1000 prescriptions collected in 2015*
- Botvin LifeSkills Curriculum (DFC funded with MGH Doc partnerships) – Over 500 students per year
- YRBS data collection and analysis (MGHCCHI Evaluation)
- DON dollars supports community staff address community priorities through the coalition



How the CHNA Influenced MGH's Strategic Plan



Substance Use Identified as Leading Health Concern in All Communities

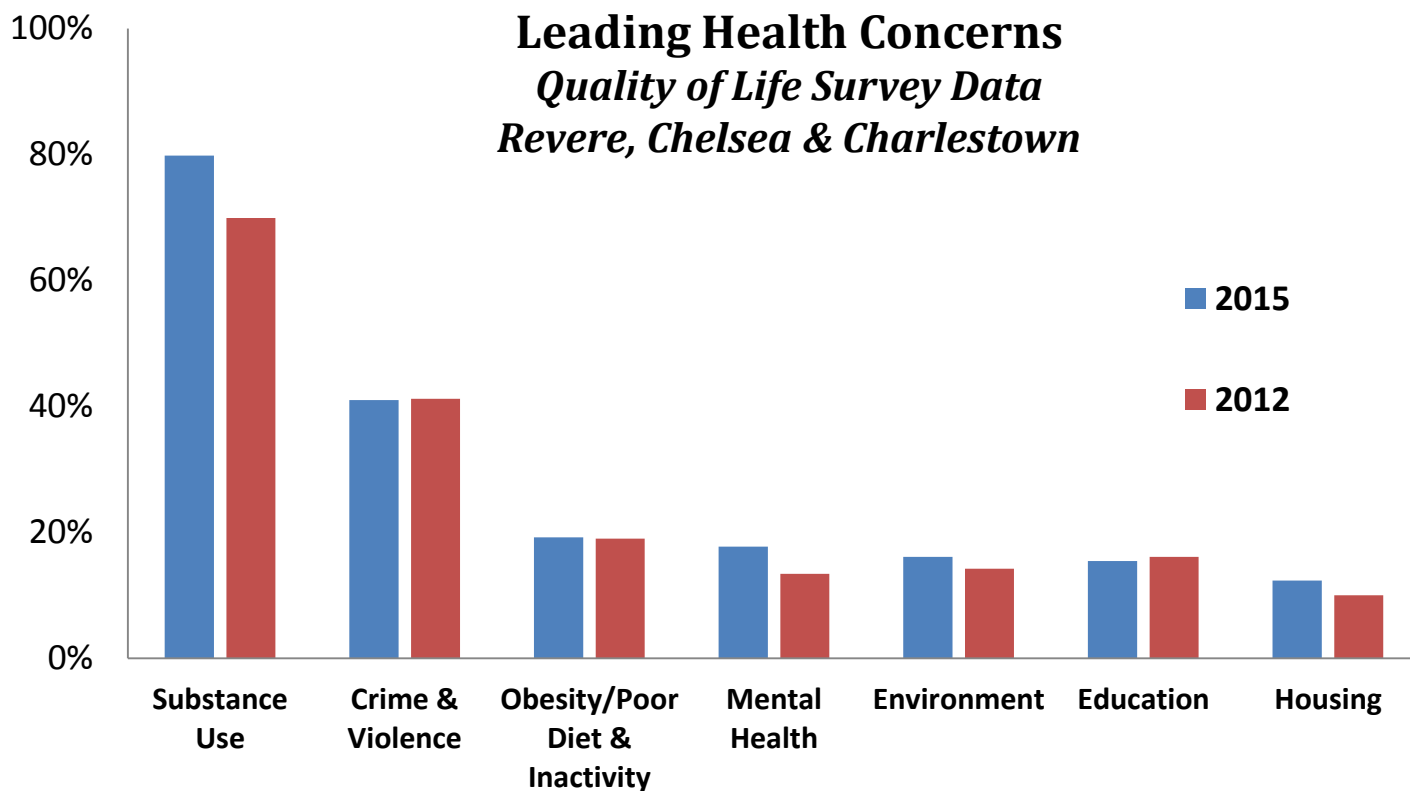
2012 & 2015 CHNA

**2015 (2012)
CHNA Community
Involvement**

**1737 (2200)
Quality of Life
Surveys returned**

**123 (350)
individuals
reached through
12 (35) focus
groups**

**More than 100
(300) people
attended
community
meetings**



2012: First Time Community Health Formally Included in Strategic Planning

MGH Strategic Planning Teams

CLINICAL

Redesigning the Delivery
System for Population
Health

RESEARCH

Organizing Research for
the Greatest Success
and Impact

EDUCATION

Redefining the Teaching
Model to Prepare
Trainees for the
Changing Health Care
Landscape

COMMUNITY

Explicitly Linking
Community to our Other
Missions



Brought CHNA Findings to Strategic Planning Table

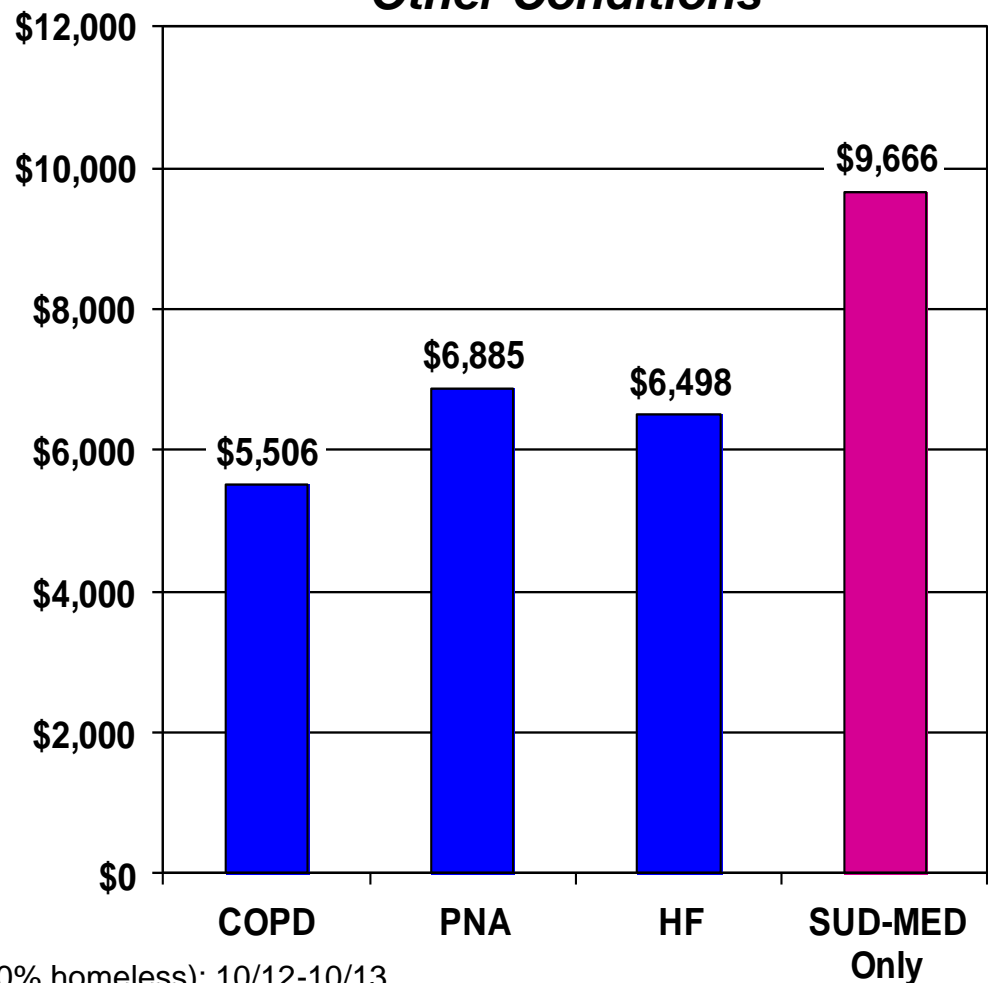
- Prompted colleagues in Population Health Management to look at patient data



Substance Use Disorders: High Prevalence and Cost

- 29% of MGH high risk patients have a SUD
- Higher cost
- Higher readmission rates with a SUD diagnosis

***Average Direct Patient Cost
Considerably Higher for SUD vs.
Other Conditions***



Substance Use Disorders Initiative Leading Clinical Priority of MGH 2014 Strategic Plan

BOSTON.COM SHOP NEW CAR DEALS

The Boston Globe

Health & wellness

NEWS

METRO

ARTS

BUSINESS

SPORTS

OPINION

POLITICS

LIFESTYLE

FOOD & DINING

HEALTH & WELLNESS

STYLE

TRAVEL

NAMES

COMICS

CROSSWORD

FALL

MGH to screen all patients for substance abuse

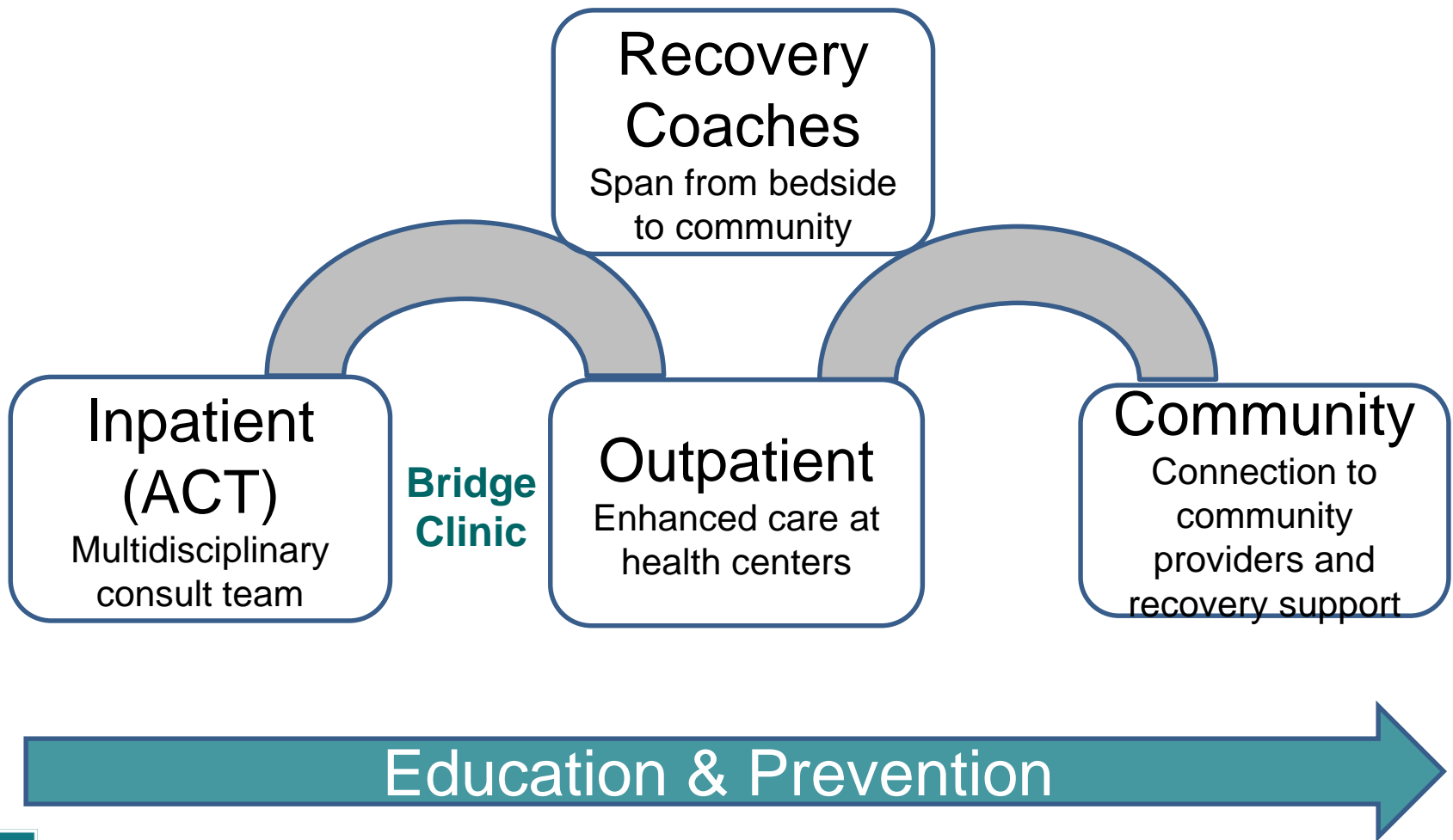
Querying part of effort to treat addiction



34

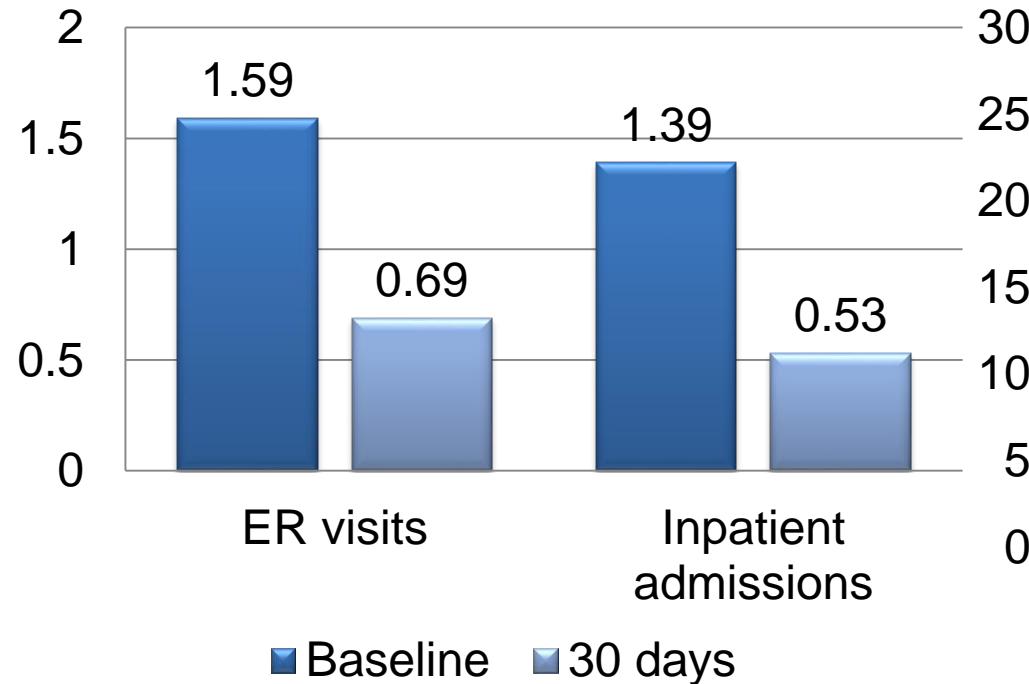


Comprehensive Approach: From Prevention to Chronic Disease Management



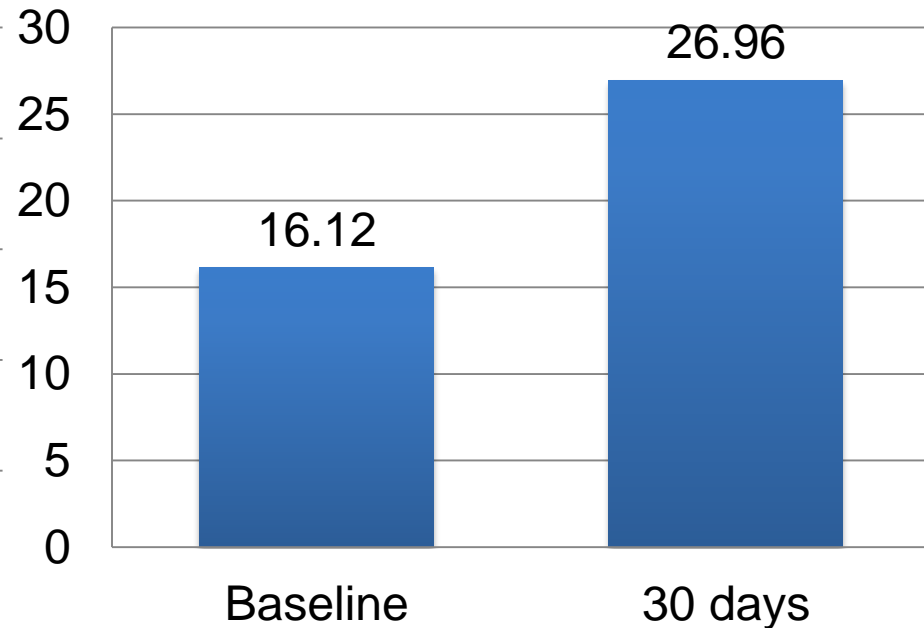
MGH Substance Use Initiative Reducing Readmission Rates and Increasing Sobriety

**Self-reported
utilization**



**57% and 62% decrease in
self-reported ER visits and
inpatient admissions**

**Self-reported
days abstinent**



**67% increase in number of
days abstinent**



Early Successes & Challenges



“If I were anywhere else I would have relapsed by now but I feel very supported here by the addiction team and the medical team. I don't feel stigmatized.”

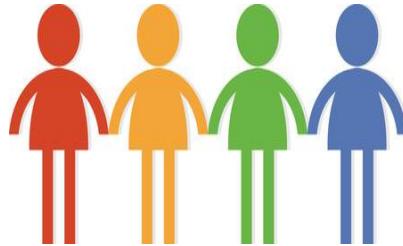
MGH Model for Improving the Health & Wellbeing of the Diverse Communities We Serve

**Prevent Illness and
Reducing
Disparities in the
Community**



**Address Social
Determinants
through Policy
and System
Change
Education, etc.**

**Manage the Care
of Vulnerable
Patient
Populations**



**Focus on Substance
Use Disorders and
other chronic
conditions with
coaches, navigators,
community health
workers**

**Integrate
Community into the
Hospital**



**Executive Committee
on Community
Health
Education
Research**

Informed by Community Needs Assessments

Contact Information

Leslie Aldrich, MPH

Associate Director, MGH Center for Community Health Improvement

617-724-6835

laldrich@partners.org

Sarah Coughlin, LICSW, LADC-I

Director, Charlestown Substance Abuse Coalition

617-726-0059

scoughlin1@partners.org



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR COMMUNITY
HEALTH IMPROVEMENT

101 Merrimac Street, Suite 603
Boston, MA 02114

www.massgeneral.org/cchi